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**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	
Filing Date	
First Named Inventor	
Title	
Art Unit	
Examiner Name	
Attorney Docket Number	

I hereby appoint:

☐ Practitioners associated with the Customer Number:

OR

☒ Practitioner(s) named below:

Name	Registration Number
Charles Y. Lackey	22,707

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

<input type="checkbox"/> Firm or Individual Name	Charles Y. Lackey				
Address	P. O. Box 5871				
Address					
City	Winston-Salem	State	NC	Zip	27113-5871
Country	U. S. A.				
Telephone	(336) 659-8249	Fax	(336) 659-4711		

I am the:

☐ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**Name Peter Meier, PresidentSignature [Signature]Date December 11, 2003Telephone (336) 996-7774

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of two forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

REISSUE APPLICATION DECLARATION BY THE INVENTOR

Docket Number (Optional)

I hereby declare that:

Each inventor's residence, mailing address and citizenship are stated below next to their name.

I believe the inventors named below to be the original and first inventor(s) of the subject matter which is described and claimed in patent number 6,626,305, granted September 30, 2003 and for which areissue patent is sought on the invention entitled Rotary Shelf Assembly Mechanism Having a Post Height Adjustment Device and a Novel Shelf Construction and Shelf Retaining Element for Securing the Shelves to the Post the specification of which☒ is attached hereto.☐ was filed on _____ as reissue application number _____and was amended on _____
(If applicable)

I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

☐ I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b). Attached is form PTO/SB/02B (or equivalent) listing the foreign applications.

I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)

☐ by reason of a defective specification or drawing.☒ by reason of the patentee claiming more or less than he had the right to claim in the patent.☐ by reason of other errors.

At least one error upon which reissue is based is described below. If the reissue is a broadening reissue, such must be stated with an explanation as to the nature of the broadening:

All claims as issued contain "a telescopically adjustable vertical post arrangement" which is too narrow in scope and can be avoided by making, using or selling a mechanism having a non-telescopically adjustable post arrangement. All claims also refer to "single piece shelf" which can be avoided by making, using or selling shelves having more than one piece or multiple pieces.

[Page 1 of 2]

This collection of information is required by 37 CFR 1.175. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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(REISSUE APPLICATION DECLARATION BY THE INVENTOR, page 2)

Docket Number (Optional)

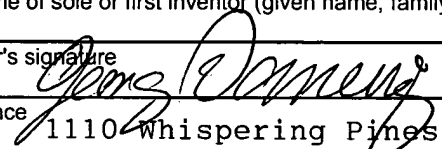
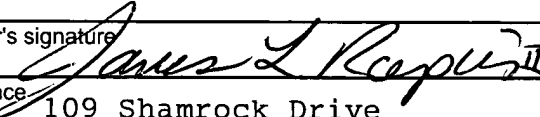
All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant.

Note: To appoint a power of attorney, use form PTO/SB/81.

Correspondence Address: Direct all communications about the application to:

☐ Customer Number:

OR

<input type="checkbox"/> Firm or Individual Name	Charles Y. Lackey				
Address	PO Box 5871				
Address					
City	Winston-Salem	State	NC	Zip	27113
Country	U. S. A.				
Telephone	(336) 659-8249	Fax	(336) 659-4711		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.					
Full name of sole or first inventor (given name, family name) Georg Domenig					
Inventor's signature 		Date December 12, 2003			
Residence 1110 Whispering Pines		Citizenship U. S. A.			
Mailing Address Kernersville, NC 27284					
Full name of second joint inventor (given name, family name) James Rapier					
Inventor's signature 		Date December 11, 2003			
Residence 109 Shamrock Drive		Citizenship U. S. A.			
Mailing Address Salisbury, NC 28144, U. S. A.					
Full name of third joint inventor (given name, family name)					
Inventor's signature		Date			
Residence		Citizenship			
Mailing Address					
<input type="checkbox"/> Additional joint inventors or legal representative(s) are named on separately numbered sheets forms PTO/SB/02A or 02LR attached hereto.					

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**SUPPLEMENTAL DECLARATION
FOR REISSUE
PATENT APPLICATION
TO CORRECT "ERRORS" STATEMENT
(37 CFR 1.175)**

Attorney Dock Number

First Name of Inventor

COMPLETE

Application Number

Filing Date

Art Unit

Examiner Name

I/We hereby declare that:

Every error in the patent which was corrected in the present reissue application, and which is not covered by the prior oath(s) and/or declaration(s) submitted in this application, arose without any deceptive intention on the part of the applicant.

I/We hereby declare that all statements made herein of my/our own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))

Family Name or Surname

Georg

Domenig

Inventor's
Signature

Date

December 12, 2003

Name of Second Inventor:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))

Family Name or Surname

James

Rapier

Inventor's
Signature

Date

December 11, 2003

Name of Third Inventor:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))

Family Name or Surname

Inventor's
Signature

Date

Name of Fourth Inventor:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))

Family Name or Surname

Inventor's
Signature

Date

☐ Additional inventors or legal representatives(s) are being named on the _____ supplemental sheets PTO/SB/02A or 02LR attached hereto.

This collection of information is required by 37 CFR 1.175. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 1.8 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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REISSUE APPLICATION DECLARATION BY THE ASSIGNEE		Docket Number (optional)
<p>I hereby declare that:</p> <p>The residence, mailing address and citizenship of the inventors are stated below.</p> <p>I am authorized to act on behalf of the following assignee: <u>Peter Meier, Inc.</u></p> <p>and the title of my position with said assignee is: _____</p> <p>The entire title to the patent identified below is vested in said assignee.</p>		
Inventor <u>Georg Domenig</u>	Citizenship <u>U. S. A.</u>	
Residence/Mailing Address <u>1110 Whispering Pines, Kernersville, NC 27284</u>		
Inventor <u>James Rapier</u>	Citizenship <u>U. S. A.</u>	
Residence/Mailing Address <u>109 Shamrock Road, Salisbury, NC 28144</u>		
<input type="checkbox"/> Additional Inventors are named on separately numbered sheets attached hereto.		
Patent Number <u>6,626,305</u>	Date of Patent Issued <u>September 30, 2003</u>	
Title of Invention <u>ROTARY SHELF ASSEMBLY MECHANISM HAVING A POST HEIGHT ADJUSTMENT AND A NOVEL SHELF CONSTRUCTION AND SHELF RETAINING ELEMENT</u>		
<p>I believe said inventor(s) to be the original and first inventor(s) of the subject matter which is described and claimed in said patent, for which a reissue patent is sought on the invention entitled:</p> <p>_____</p> <p>the specification of which</p> <p><input checked="" type="checkbox"/> is attached hereto.</p> <p><input type="checkbox"/> was filed on _____ as reissue application number _____ / _____</p> <p>and was amended on _____</p> <p style="text-align: center;">(If applicable)</p> <p>I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.</p> <p>I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.</p> <p><input type="checkbox"/> I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b). Attached is form PTO/SB/02B (or equivalent) listing the foreign applications.</p> <p>I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)</p> <p><input type="checkbox"/> by reason of a defective specification or drawing.</p> <p><input checked="" type="checkbox"/> by reason of the patentee claiming more or less than he had the right to claim in the patent.</p> <p><input type="checkbox"/> by reason of other errors.</p>		

[Page 1 of 2]

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REISSUE APPLICATION DECLARATION BY THE ASSIGNEE

Docket Number (Optional)

At least one error upon which reissue is based is described as follows:

All claims as issued contain the language "a telescopically adjustable post arrangement" which makes the claims too narrow in scope since they will not cover mechanisms with non-telescopically adjustable posts.

[Attach additional sheets, if needed.]

All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant.

I hereby appoint:

☐ Practitioners at Customer Number:

OR

☒ Practitioner(s) named below:

Name	Registration Number
Charles Y. Lackey	22,707

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Correspondence Address: Direct all communications about the application to:

☐ Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Charles Y. Lackey				
Address	P. O. Box 5871				
Address					
City	Winston-Salem	State	NC	Zip	27113
Country	U. S. A.				
Telephone	(336) 659-8249	Fax	(336) 659-4711		

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.

Full name of person signing (given name, family name)

Peter Meier

Signature

Date

December 11, 2003

Address of Assignee

1255 South Park Drive, Kernersville, NC 27284